

Treatment Review Panel Meeting

Dr. Simpatico's Office, VSH

September 14, 2006

4:10 p.m. to 5:00 p.m.

Panel attendees present: Dr. Tom Simpatico; Richard Lanza, Psychologist-master;
Lis Mickenberg

Panel attendees absent: Stuart Graves, MD

Guests: Pam Fadness, Fellow in Psychiatry

Public attendees present: A.J. Rubin, Adult Protection & Advocacy

The meeting commenced at 4:10 p.m. This got a late start due to the fact that there was not a quorum present and the panel were discussing how many panel members were needed for a quorum. Dr. Simpatico will check on this and see how to coordinate to get more panel members for a quorum.

The last minutes of November 17, 2005 was not discussed or approved due to lack of quorum.

Lis Mickenberg brought up an e-mail she received from Liz Manfredi, an advocate with Vermont Protection and Advocacy. She was asking whether, as a member of the Treatment Review Panel, I had received any copies of the grievances with VSH that she had filed on behalf of her clients in recent months. She indicated that the Treatment Review Panel is mandated by Doe V. Miller to review these grievances in our meetings. The Panel did find the policy on this and as of November, 2005 this was policy. The Panel discussed how every meeting since November, 2005 has been cancelled due to lack of quorum so from now on a copy of all completed grievances shall be given to the Treatment Review Panel (re: seclusions and restraints/emergency procedures). Dr. Simpatico said we could make this part of our agenda items.

Look at the way we are implementing Non-Emergency Involuntary Medications and possible Correlations on Emergency Procedures: Dr. Simpatico pointed out that VSH census has been high for a long time. When VSH has a census of 54 in-house there is a notification sent out to referral sources letting them know our census and that we will only take new patients when we are able to get another patient out. Dr. Simpatico stated that patients aged 50+ has been growing. These patients usually have instaged dementia or Traumatic Brain Injury. These patients ideally should be in an augmented nursing home care not at VSH, but nursing homes don't like taking our patients due to safety issues.

Currently, there are nine patients refusing medication. This causes high utilizers of emergency procedures. These patients have a lot of one-to-ones. Due to refusing medication the patients are here approximately 84 days – this is how long it takes to get legal procedures in place for involuntary medication. This is very high by national standards. Dr. Simpatico pointed out that VSH starts the process when they come through the door. It also takes approximately 40 days to get a patient committed. We have a much higher level of acuity than other hospitals. Due to the length of time it takes to get a patient involuntary medication there is also staff issues with this:

We have 11-12 one-to-ones per day. This takes 33 extra staff to do this. We have staff holdovers for a second shift and call staff in. Staff morale issues are a problem when this happens. Due to a large number of staff in these circumstances there is confined space to work with causing a crowding effect. Dr. Simpatico would like to be able to diminish the length of time for patients to get medicated. This would lower the 84 days timeframe and have more beds available at VSH.

Dr. Simpatico said that VSH really tries hard not to use emergency procedures but due to safety issues we do need these.

Public comments time:

Concerns regarding use of involuntary procedures but stated this panel is an affective oversight tool.

Concerns regarding the panel not having met since November of 2005 due to lack of quorum.

Concerns regarding alternate means to reduce seclusions and restraints – possibly training and quality assurance of the use of seclusions and restraints.

The meeting adjourned at 5:10 p.m. The next meeting will be on Thursday, November 16th, 2006.

Tabled items:

1. Look at completed grievances at future meetings. Data and completed grievances to review at next meeting from November of 2005.
2. Look at ways to decrease the 84 days timeline to get involuntary medications.
3. Look at getting a quorum for the Treatment Review Panel.

***Bolded items denote action items**

Respectfully Submitted,

Cheryl Goodwin-Abare
Administrative Assistant

9/14/06